

## 2013 Youth Volleyball Clinic Registration Form



Grades 4-8

**Deadline: Friday Feb 1, 2013 @ 5:00pm.**

Clinic sessions will be on Saturday mornings from 10:00am to approximately 11:30am beginning Feb. 9 and ending March 9.

Please fill out the form and return it to: 305 South Dogwood Drive, Harrisonburg, VA 22801. Forms can also be faxed to (540) 433-9169.

Attn: Erik Dart

For more information please call (540) 433-9168.

Player's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_

Family Email \_\_\_\_\_

Special Health Needs \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

### Waiver Agreement

I hereby certify that my child is in normal health and capable of safe participation in the 2013 Recreation Volleyball Program. I assume all responsibilities in case of an accident at the facility. I hereby authorize the Harrisonburg Parks and Recreation to obtain medical treatment for my child in the event that parents and the emergency contact provided cannot be reached. I support the Harrisonburg Parks and Recreation's philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play and volunteer leadership.

Signature \_\_\_\_\_ Date \_\_\_\_\_